

AMENDED IN SENATE AUGUST 5, 2014

AMENDED IN SENATE JULY 1, 2014

AMENDED IN SENATE JUNE 16, 2014

AMENDED IN ASSEMBLY JANUARY 16, 2014

AMENDED IN ASSEMBLY JANUARY 6, 2014

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 357

Introduced by Assembly Member Pan

February 14, 2013

An act to repeal Chapter 13 (commencing with Section 12693.90) of Part 6.2 of Division 2 of the Insurance Code, and to add Section 14005.271 to the Welfare and Institutions Code, relating to child health.

LEGISLATIVE COUNSEL’S DIGEST

AB 357, as amended, Pan. Medi-Cal Children’s Health Advisory Panel.

Existing law requires the state to implement and administer various child health and disease prevention programs. Existing law establishes the Healthy Families Advisory Board, a 15-member advisory panel appointed by the Managed Risk Medical Insurance Board. Existing law provides for the transition of children from the Healthy Families Program to Medi-Cal, including the transfer of the Healthy Families Advisory Board to the State Department of Health Care Services.

This bill would repeal the Healthy Families Advisory Board and instead rename and recast the board as the Medi-Cal Children’s Health Advisory Panel, an independent, statewide advisory body composed of

19 15 members charged with advising the State Department of Health
Care Services on matters relevant to all children enrolled in Medi-Cal
and their families, as specified. The bill would require that panel
members, except as otherwise specified, be appointed by the department.
The bill would specify the powers and duties of the panel and the
department in this regard and would require that the department submit,
on or before January 1, 2018, ~~and every 5 years thereafter~~, a report to
the Legislature on the advisory panel's accomplishments, effectiveness,
efficiency, and any recommendations for ~~improving~~ *statutory changes*
needed to improve the ability of the advisory panel to fulfill its purpose.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares all of the
2 following:
3 (a) The health and well-being of California's children should
4 be among the state's top priorities, and it is imperative that every
5 child in California has meaningful health coverage with benefits
6 that support healthy growth and development.
7 (b) Children's health coverage should encompass more than
8 just treatment of diseases and illnesses, but also cover services and
9 care to promote healthy development and well-being, identify and
10 intervene in problems early on, and prevent chronic disease.
11 (c) All children should receive care that meets recognized
12 standards of practice.
13 (d) For the first time in history, the current generation of children
14 is likely to be less healthy than their parents and live shorter lives.
15 (e) The incidences and types of chronic disease in children have
16 both increased and changed dramatically over the past four decades.
17 One in five children has a mental health problem, and the number
18 of overweight children has tripled for preschoolers and adolescents
19 and quadrupled for children 6 to 11 years of age, inclusive.
20 (f) In 2013, California moved over 750,000 children who had
21 previously been enrolled in Healthy Families, California's
22 Children's Health Insurance program, into Medi-Cal, California's
23 Medicaid program.
24 (g) Medi-Cal now provides health coverage for roughly 5 million
25 children, approximately one-half of all California children.

1 (h) Children eligible for Medi-Cal, including children with
2 chronic medical conditions and infectious diseases eligible for
3 California Children's Services, foster youth and former foster
4 youth up to 26 years of age, and children from medically
5 underserved ethnic and geographic populations, are often those
6 who experience the greatest challenges in accessing a variety of
7 the high-quality services they need.

8 (i) In authorizing the Healthy Families transition, the Legislature
9 authorized the transfer of the Healthy Families Advisory Panel to
10 the State Department of Health Care Services, which oversees
11 Medi-Cal.

12 (j) The Healthy Families Advisory Panel was a 15-member
13 panel of stakeholders, including parents of children enrolled in
14 Healthy Families, that advised the Managed Risk Medical
15 Insurance Board on all policies, regulations, operations, and
16 implementation of the Healthy Families Program since the
17 program's inception in 1998, made recommendations that helped
18 improve the quality of care for children in Healthy Families, and
19 served as an important venue for parents of enrollees, active
20 providers, and other experts to discuss ways to improve the
21 program.

22 (k) The modern epidemics facing children today have lifelong
23 consequences and present significant costs to the economy. The
24 failure to ensure the health of our children enrolled in Medi-Cal
25 may jeopardize their ability to function effectively as adults and
26 for our state to remain strong and competitive in our global society.

27 *(l) Children enrolled in Medi-Cal and their families should*
28 *benefit from the Medi-Cal Children's Health Advisory Panel*
29 *eventually adopting changes that would allow the panel to better*
30 *function in its new environment at the State Department of Health*
31 *Care Services and within the changing landscape of the Medi-Cal*
32 *program and its stakeholder and advisory processes.*

33 SEC. 2. Chapter 13 (commencing with Section 12693.90) of
34 Part 6.2 of Division 2 of the Insurance Code is repealed.

35 SEC. 3. Section 14005.271 is added to the Welfare and
36 Institutions Code, immediately following Section 14005.27, to
37 read:

38 14005.271. (a) The Healthy Families Advisory Board
39 established by former Section 12693.90 of the Insurance Code is
40 hereby renamed the Medi-Cal Children's Health Advisory Panel.

(b) The Medi-Cal Children's Health Advisory Panel shall be an independent, statewide advisory board that shall advise the State Department of Health Care Services on matters relevant to all children enrolled in Medi-Cal and their families, including, but not limited to, emerging trends in the care of children, quality measurements, communications between the State Department of Health Care Services and Medi-Cal families, provider network issues, and Medi-Cal enrollment issues.

(c) The membership of the advisory panel shall be composed of the following ~~19~~ 15 members:

~~(1) Three providers who currently participate in Medi-Cal, including each of the following:~~

~~(A)~~

(1) One member who is a licensed, practicing dentist.

~~(B)~~

(2) One physician and surgeon who is board certified in the area of family practice medicine.

~~(C)~~

(3) One physician and surgeon who is board certified in pediatrics.

~~(2) Five representatives of provider organizations that currently participate in Medi-Cal, including each of the following:~~

~~(A)~~

(4) One representative from a licensed nonprofit primary care clinic.

~~(B)~~

(5) One representative from the mental health provider community.

~~(C)~~

(6) One representative of the substance abuse provider community.

~~(D)~~

(7) One representative of the county public health provider community.

~~(E)~~

(8) One representative from a licensed hospital that is on the disproportionate share list maintained by the State Department of Health Care Services.

~~(3) (A) Five representatives of the Medi-Cal population, one of each of the following:~~

(i)

(9) A current or former foster youth; an attorney, social worker, probation officer, or court appointed special advocate who currently represents one or more foster youth; a foster care service provider; or a child welfare advocate.

(ii)

(10) A parent of a Medi-Cal enrollee who has received treatment services under the California Children's Services Program within the past six months.

(iii)

(11) A Medi-Cal enrollee who has received services under the Access for Infants and Mothers Program within the past six months.

(iv)

(12) A parent or legal guardian of a Medi-Cal enrollee under 21 years of age who has received mental health services under the Early and Periodic Screening, Diagnostic, and Treatment Program (EPSDT) within the past six months.

~~(v) A parent or legal guardian of a Medi-Cal enrollee who has received services from the enrollee's Medi-Cal dental managed care plan within the past year.~~

~~(B) If a representative cannot be identified to meet the requirements of any clause in subparagraph (A), a parent or legal guardian of any Medi-Cal enrollee may be appointed to participate in lieu of the individual specified in that clause.~~

~~(4) One representative appointed by the Senate Committee on Rules.~~

~~(5) One representative appointed by the Speaker of the Assembly.~~

~~(6) Four additional representatives, including each of the following:~~

~~(A)~~

~~(13) One representative from the health plan community.~~

~~(B)~~

~~(14) One representative from the business community.~~

~~(C)~~

~~(15) One representative from the education community.~~

~~(D) One in-person assister currently certified to enroll individuals in Medi-Cal.~~

(d) The advisory panel shall elect, from among its members, its chair. ~~The chair shall be considered a member of the State~~

~~Department of Health Care Service's Stakeholder Advisory Committee. In order to coordinate the activities of the advisory panel with other advisory bodies whose scope includes children enrolled in Medi-Cal, the chair shall keep apprised of relevant Medi-Cal stakeholder meetings by communicating with State Department of Health Care Services staff assisting the advisory panel.~~

(e) The advisory panel members, except as otherwise specified in paragraphs (4) and (5) of subdivision (c), shall be appointed by the State Department of Health Care Services, or in the case of vacancies of three months or greater, by the chair, ~~except for vacancies for positions appointed pursuant to paragraphs (4) and (5) of subdivision (e).~~ chair.

(f) The advisory panel's powers and duties include, but are not limited to, ~~all~~ both of the following:

(1) To advise the Director of Health Care Services on all policies, regulations, and operations of the Medi-Cal program related to providing health care services to children.

(2) To meet at least quarterly, unless deemed unnecessary by the chair.

(g) The State Department of Health Care Services' powers and duties shall include, but not be limited to, all of the following:

(1) To provide general support and staff assistance to the advisory panel.

(2) To convene and attend meetings of the advisory panel *at least* quarterly, unless deemed unnecessary by the chair, at locations that are easily accessible to the public and advisory panel members, are of sufficient duration for presentation, discussion, and public comment on each agenda item, and are in accordance with the Bagley-Keene Open Meeting Act (Article 9 (commencing with Section 11120) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code).

~~(3) To consider all written recommendations of the advisory panel and respond in writing to each written recommendation.~~

~~(4)~~

(3) To reimburse the members of the advisory panel for all necessary travel expenses associated with the activities of the advisory panel, and to provide a stipend of one hundred dollars (\$100) per meeting attended to each panel member who is a Medi-Cal enrollee or a parent of a Medi-Cal enrollee.

1 ~~(5)~~

2 (4) To maintain an Internet Web page on the department's
3 Internet Web site dedicated to the advisory panel that shall include,
4 but not be limited to, all of the following:

5 (A) The purpose and scope of the advisory panel.

6 (B) The current membership of the advisory panel.

7 (C) A list of past and future meetings.

8 (D) Agendas and other materials made available for past and
9 future meetings.

10 (E) Recommendations submitted to the department by the
11 advisory panel.

12 (F) The department's responses to recommendations submitted
13 by the advisory panel.

14 (G) Contact information for department staff assisting the
15 advisory panel.

16 ~~(6)~~

17 (5) To inform advisory panel members when new information
18 is posted to the Internet Web page dedicated to the advisory panel.

19 ~~(7)~~

20 (6) Notwithstanding Section 10231.5 of the Government Code,
21 to submit on or before January 1, 2018, ~~and every five years~~
22 ~~thereafter~~, a report to the Legislature on the advisory panel's
23 accomplishments, effectiveness, efficiency, and any
24 recommendations for ~~improving~~ *statutory changes needed to*
25 *improve* the ability of the advisory panel to fulfill its purpose. The
26 report shall be submitted in compliance with Section 9795 of the
27 Government Code.

28 (h) The Legislature does not intend the addition of this section
29 to result in a new panel, but rather a continuation of the prior panel
30 established by former Section 12693.90 of the Insurance Code.
31 New panel members shall not be appointed until a vacancy occurs.